MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

06996

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 wk.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 34 East Seventh Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Virginia Lee Abrecht

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced.~~ Child (single)

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) January 24, 1939

8. AGE: Years | Months 5 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick, Maryland (Town, county, and state)

10. Usual occupation Child

11. Industry or business

FATHER
12. Name Walter Rice Abrecht
13. Birthplace Frederick, Maryland

MOTHER
14. Maiden Name Margaret Elizabeth Crutchley
15. Birthplace Frederick, Maryland

16 (a) Informant Mrs. Walter Crutchley
(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof July 17, 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Lewistown, Cemetery
Location Lewistown, Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Maryland

19 (a) 17-July-39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death July 16 1939 at 12:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 9 1939, to July 16 1939 and that I last saw him alive on July 18 1939.

Immediate cause of death: Bronchopneumonia — Duration: 3 Dos

Due to Otitis Media — 14 Dos

Due to Gastro enteritis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. J. Stuckey M.D. or other

Address Frederick Md. Date signed July 17/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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AUG 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 140

CERTIFICATE OF DEATH

(131)

06997

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Woodsboro (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Woodsboro (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME James Alfred Arnold

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Sarah Ann Engle

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 17, 1870

8. AGE: Years 69 Months 1 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace Fredk. Co. Md. (Town, county, and state)

10. Usual occupation Farmer & Day laborer

11. Industry or business —

FATHER

12. Name Thos. V. Arnold

13. Birthplace Carroll Co. Md.

MOTHER

14. Maiden Name Margaret Fogle

15. Birthplace Fredk. Co. Md.

16 (a) Informant Wm Amos Arnold

(b) Address Woodsboro Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Rocky Hill

Location near Woodsboro Md.

18 (a) Funeral director Powell & Albaugh

(b) Address Woodsboro Md

19 (a) Aug 3-39 (Date rec'd by registrar) (b) L. C. Powell Registrar

MEDICAL CERTIFICATION

20. Date of death July 31 1939, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from May 5 1932, to July 31 1939, and that I last saw him alive on July 31 1939.

Immediate cause of death Chronic Nephritis

Due to Acute Nephritis — caused by infection to leg — of an injury —

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy none

Duration: 6 yrs. 1932

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work?

(e) Means of injury ✓

23. Signature C. A. Stultz M.D. M. D. or other

Address Woodsboro Md. Date signed Aug-3-/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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06998

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93c)

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:

County Frederick

City or town Ladiesburg (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 1 yr.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Ladiesburg (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Albert Wilson Bartgis

3. (b) Social Security Number None

4. Sex M

5. Color or race W

6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Lukela Koogle

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 27, 1854

8. AGE: Years 84 Months 9 Days 0 If less than one day hrs. mi.

9. Birthplace Middletown Fresh Co Md
(Town, county, and state)

10. Usual occupation Produce Dealer

11. Industry or business Ret

FATHER
12. Name Titus V. Bartgis
13. Birthplace Md.

MOTHER
14. Maiden name Mary Hedges
15. Birthplace Md

16. Informant Lloyd C. Bartgis
Address Ladiesburg, Md.

17. Burial Cem Mycesville Date thereof July 30 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St Paul's Luth. Mycesville

Location Md.

18. Funeral director J. Thos Bittle & Son
Address Mycesville, Md

19. July 27 1939 L. C. Powell
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1939, at 1.20 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 8 1939, to July 27 1939, and that I last saw him alive on July 27 1939.

Immediate cause of death	DURATION
Acute dilation of heart	1/2 hr
Due to Myocarditis	3 yr (?)
Due to Arterio sclerosis	?
Other conditions	

(Include pregnancy within 8 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Roland R. Diller M.D.
M. D. or other

Address Detour Md. Date signed 7/27/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

06999

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick, Rural (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 412 Middle Alley (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Bell.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: Female | 5. Color or race: Col | 6 (a) Single, married, widowed, or divorced: Single.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1939

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 0 hr. 5 min.

9. Birthplace Frederick Co. Maryland. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Joshua Parker
13. Birthplace unknown

MOTHER
14. Maiden Name Mary Catherine Bell.
15. Birthplace Frederick Md.

16 (a) Informant E. Adelaide Yeager. Emergency
(b) Address Hospt Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July-6-1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mountain Sem.
Location near Frederick Md.

18 (a) Funeral director G. Cleveland Grout-Supt.
(b) Address Mountain - Frederick Co. Md.

19 (a) 6-July-1939 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death July 4 1939, at 11 20 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from July 4 1939, to July 4 1939, and that I last saw him alive on July 4 1939.

Immediate cause of death: Still born

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas M. D. or other

Address Frederick, Md. Date signed 7/6/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

118

CERTIFICATE OF DEATH

07000

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: East All Saint St. Hospital,

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 5m6

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. E. All Saints St., (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Bernard Franklin Bowens

3 (b) If veteran, name war	3 (c) Social Security No.
none	none

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed,~~ or divorced.
male	colored	single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) January 18, 1939

8. AGE: Years	Months	Days	If less than one day
0	5	24	_____ hr. _____ min.

9. Birthplace Frederick, Fred., Maryland (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER

12. Name Charles F. Bowens

13. Birthplace Hope Hill, Md.

MOTHER

14. Maiden Name Edna Weedon,

15. Birthplace Nr. Adamstown, Maryland

16 (a) Informant Chas. F. Bowens,

(b) Address E.All Saints St., Fred., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Hope Hill Colored

Location Near Urbana, Md. R.D.

18 (a) Funeral director M.R.Etchison & Son,

(b) Address Frederick, Maryland

19 (a) 12-July-1939 (Date rec'd by registrar) (b) Ira J. McSurely Registrar

MEDICAL CERTIFICATION

20. Date of death July 11, 1939, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1939, to July 10 1939, and that I last saw him alive on July 10 1939.

Immediate cause of death	Duration
Child found lying vomiting when I saw him was	
Due to ing. since July 6-37	
Exact Date of Death?	
Due to Any available to state	
Death due to natural	
Other conditions Cancer ?	
possible Obstruction	

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature B O Thomas M. D. or other

Address Frederick, Md. Date signed 9/12/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07001

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (23)

County Frederick Registration Dist. No. 145

Village or City Myersville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Urias E. Brunner If U. S. Veteran, specify WAR No.

(a) Residence: No. Myersville, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Minnie F. Brunner

6. DATE OF BIRTH (month, day, and year) 1862 Oct 12

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	9	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own farm.

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation LIFE

12. BIRTHPLACE (city or town) (State or country) Myersville, Md.

FATHER

13. NAME Levi Brunner

14. BIRTHPLACE (city or town) (State or country) Frederick County Md.

MOTHER

15. MAIDEN NAME Catherine Ann Lumsberg

16. BIRTHPLACE (city or town) (State or country) Frederick County Md

17. INFORMANT Mrs. Minnie F. Brunner (Address) Myersville, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Myersville, Md Date July 26, 1939

19. UNDERTAKER Gladhill Co. (Address) Middletown Md

20. FILED July 26, 1939 William D. Wachtel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1939, to July 24, 1939

I last saw him alive on July 24, 1939; death is said to have occurred on the date stated above, at 1 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1924

Other Contributory Causes of Importanca:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. V. Staton M. D.

(Address) Myersville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07002

CERTIFICATE OF DEATH

(92-a)

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days) 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City ~~or town~~ Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Wilson Ave - Rural
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Mrs. Chas. Elizabeth Phillips Castle

3. (b) Social Security Number None

4. Sex Female

5. Color or race White

6. (a) ~~Single, married, widowed, or divorced~~ Widowed

6 (b) Name of husband ~~or wife~~ C. Phillips Castle

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 1 - 1876

8. AGE: Years 63 Months 4 Days 24 If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore Co. Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name Richard E. Carter
13. Birthplace Richmond Pa.

MOTHER
14. Maiden name Sarah E. Milvin
15. Birthplace Delaware

16. Informant Mrs. Hamilton Faust
Address Balto. Md.

17. Burial
(Burial, ~~cremation, or removal. Which?~~)
Date thereof July 27th 1939 (month) (day) (year)

Cemetery ~~or crematory~~ Atlantic City Cemetery

Location Pleasantville N. J.

18. Funeral director C. E. Cline Hon
Address Frederick Maryland

19. 26-July 1939 Ira J. McGeady
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1939, at 9 40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 1939, to July 24 1939, and that I last saw her alive on July 24 1939.

Immediate cause of death Cerebral Haemorrhage — DURATION 36 hrs

Due to Hypertension

Due to

Other conditions Mitral Insufficiency
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE A. Austin Pearre M. D. or other
Address Frederick, Md. Date signed 7/24/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

07003

1. PLACE OF DEATH

County Frederick — Registration Dist. No. 141

Village or City Knoxville — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. 7 ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Clinton Thomas Cooper — If U. S. Veteran, specify WAR —

(a) Residence: No. — St., — Ward. — If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 5, 1939

7. AGE	Years	Months	Days	If LESS than 1 day, — hrs. or — min.
	—	—	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Charles Cooper

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Ellen Painter

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Charles Cooper (Address) Knoxville Md.

18. BURIAL, CREMATION, OR REMOVAL Place Knoxville Md. Date July 13, 1939

19. UNDERTAKER C. H. Fuhs & Bro (Address) Brunswick Md.

20. FILED July 12, 1939 John H. L. Hodgen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 12 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1939, to July 12, 1939.

I last saw him alive on July 12, 1939; death is said to have occurred on the date stated above, at 2a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	July 9
Other Contributory Causes of Importance:	
Acute Nephritis	July 11

Name of operation none Date of —

What test confirmed diagnosis? Urinalysis Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) Thomas Stocker M. D.

(Address) Brunswick Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Stillbirth) 2-P.M.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

07004

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Frederick — Registration Dist. No. 153

Village or City near Walkersville — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. ____ mos. ____ ds. How long in U. S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Lydia E Dammer

(a) Residence: No. near Walkersville St., ____ Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of Joseph Dammer

6. DATE OF BIRTH (month, day, and year) Aug. 26, 1855

7. AGE — Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
83	11	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupetion

12. BIRTHPLACE (city or town) ____ (State or country) Frederick Co.

FATHER

13. NAME Thomas W. Crampton

14. BIRTHPLACE (city or town) ____ (State or country) Frederick Co.

MOTHER

15. MAIDEN NAME Mary King

16. BIRTHPLACE (city or town) ____ (State or country) Frederick Co.

17. INFORMANT Oliver Crampton

(Address) Walkersville, Md

18. BURIAL, CREMATION, OR REMOVAL

Place Reformed cemetery, Middletown Date Aug. 1, 1939

19. UNDERTAKER W. E. Barton

(Address) Walkersville

20. FILED July 31 39, R. Maud Stauffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 30 (Dey), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1939, to July 30 1939

I last saw h-- alive on July 29, 1939; deeth is said to have occurred on the date steted above, at 3,25 m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of Importance were as follows:

	Date of onset
Lobar Pneumonia	July 28, 39

Other **Contributory Causes** of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Wes there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Neture of injury ____

24. Wes disease or injury in eny way related to occupation of deceased? No

If so, specify ____

(Signed) C. E. Boteler Jay M. D.

(Address) Walkersville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 6, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 130

07005

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Tuscarora (rural) (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 12 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Tuscarora (rural) (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Carlos M. DeGarmendia

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eva M. DeGarmendia

6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) February 7, 1863

8. AGE: Years 76 | Months 5 | Days 2 | If less than one day ____hr. ____min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name Carlos G. DeGarmendia
13. Birthplace Cuba

MOTHER
14. Maiden Name Nannie Spaulding
15. Birthplace Md.

16 (a) Informant Mrs. C. M. DeGarmendia
(b) Address Tuscarora, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11, 1939 (month) (day) (year)
(c) Cemetery or crematory New Cathedral Cemetery
Location Baltimore, Maryland

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick, Maryland

19 (a) July 10 1939 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death July 9, 1939, at 6:45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 1937, to July 1939, and that I last saw him alive on July 9 1939.

Immediate cause of death	Duration
Arterio-Seleratic Cardio-vascular Renal Disease	3-4 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H. Conley, Jr. M.D. (M. D. or other)
Address Buckeystown, Md. Date signed 7/10/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 139

CERTIFICATE OF DEATH

07006

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 1mo.4days

(e) Length of stay in this community (yrs., mos., or days): same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Carroll

(c) City or town: Hampstead (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Martha Dell Dovell

3 (b) If veteran, name war:

3 (c) Social Security No.: 215-09-4335

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Separated or divorced

6 (b) Name of husband or wife: --?-- Dovell

6. (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): Jan. 19, 1904

8. AGE: Years: 35 Months: 5 Days: 22 If less than one day: ____ hr. ____ min.

9. Birthplace: Hampstead, Carroll Co., Md. (Town, county, and state)

10. Usual occupation: Machine operator

11. Industry or business: Factory

FATHER

12. Name: Frank Dell

13. Birthplace: Maryland

MOTHER

14. Maiden Name: Renella Reese

15. Birthplace: Maryland

16 (a) Informant: Martha Dell Dovell

(b) Address: Deceased

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12/39 (month) (day) (year)

(c) Cemetery or crematory: Wesley Chapel

Location: Carroll County, Md.

18 (a) Funeral director: Edward C. Tipton

(b) Address: Hampstead, Maryland

19 (a) 7/13/39 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death: July 10 1939, at 7:15A. M

21. I certify that death occurred on the date above stated; that I attended deceased from June 6 1939, to July 10 1939, and that I last saw him alive on July 10 1939.

	Duration
Immediate cause of death: Pulmonary tuberculosis	8 mos.
Due to: Tubercle bacilli	
Due to:	
Other conditions: Tuberculous laryngitis (Include pregnancy within 3 months of death)	8 mos.

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: D. B. Lynn M. D. ~~or other~~

Address: State Sanatorium Date signed: 7/13/39

Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

82a

CERTIFICATE OF DEATH

07007

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Frederick

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 10 E. Church St.,

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 73

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Frederick

(If outside city or town limits, write RURAL and give town)

(d) Street No. 10 E. Church

(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME: Fannie Elizabeth Dutrow

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female

5. Color or race: white

6 (a) Single, ~~married, widowed, or divorced.~~: single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14, 1861

8. AGE: Years 78 | Months 0 | Days 24 | If less than one day _____ hr. _____ min.

9. Birthplace Near Adamstown, Fred.Co., Md.

(Town, county, and state)

10. Usual occupation Housework At home

11. Industry or business

FATHER

12. Name Samuel Dutrow

13. Birthplace Adamstown, Maryland

MOTHER

14. Maiden Name Melinda K. Cochran

15. Birthplace Middletown, Maryland

16 (a) Informant Miss. Katie Lou Dutrow,

(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/12/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mount Olivet

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) July 11 39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death July 10th., 1939, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from June 1 1939, to July 10 1939, and that I last saw h[illegible] alive on July 10 1939.

Immediate cause of death: Cerebral Haemorrhage — Duration: 1 hr.

Due to: Arteriosclerosis

Due to: Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. Austin Pearre M. D. or other

Address Frederick, Maryland Date signed 7/11/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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JUL 29 1939
BUREAU V. C.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07009

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Evans Ely If U. S. Veteran, specify WAR No.

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Metta Buffington

6. DATE OF BIRTH (month, day, and year): May 6th 1871

7. AGE: Years 68 | Months 2 | Days 11 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Minister of M.E.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Church.

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME: Wm F. Ely

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary E. Ball

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Mrs. C. E. Ely, Brunswick Md.

18. BURIAL, CREMATION, OR REMOVAL: Pipe Creek Place Union Bridge Md Date July 19, 1939

19. UNDERTAKER (Address): C. H. Feete & Bro. B. Lee Feete, Brunswick Md.

20. FILED July 18, 1939 Wm H. S. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 17 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Called 3. A.M. died on arrival. Will day be free. Coronary occlusion?

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Leone Wolf M. D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

07010

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Frederick Outside Registration Dist. No. 131

~~Village or City~~ near Walkersville, Md No. R.F.D. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. 2 mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Infant daughter of Joseph M. Engel

(a) Residence: No. ___ St., ___ Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 30, 39 10. P.M.

7. AGE Years | Months | Days | If LESS than 1 day, 2 hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) near Walkersville, Md (State or country) R.F.D.

FATHER

13. NAME Joseph M. Engel

14. BIRTHPLACE (city or town) Walkersville, Md (State or country) R.F.D.

MOTHER

15. MAIDEN NAME Maria Sweeney

16. BIRTHPLACE (city or town) Walkersville, Md. (State or country) R.F.D.

17. INFORMANT Father (Address) —

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place July 31, 39, Date ___, 19__ near Newstown Tica Cemetery

19. UNDERTAKER G. E. Barton (Address) Walkersville Md.

20. FILED 31 July, 1939 Ira J. McSurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 30 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ___, 19__, to ___, 19__

I last saw her alive on July 30, 1939, death is said to have occurred on the date stated above, at 12 midnight

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature infant / 6 Months.

Date of onset

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19__

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) Elmer Day M. D.

(Address) Walkersville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

(52)

CERTIFICATE OF DEATH

07008

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 18 West Fourth Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 65yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 18 West Fourth Street (If rural give location)

(e) If foreign born, how long in U. S. A.? 65 years

3 (a) FULL NAME Charlotte Ernestine Engle

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced.~~ Widow

6 (b) Name of husband or wife George M. S. Engle

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 25, 1867

8. AGE: Years 71 | Months 7 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation House-work

11. Industry or business At Home

FATHER

12. Name George Winklemann

13. Birthplace Germany

MOTHER

14. Maiden Name Louise Roelkey

15. Birthplace Germany

16 (a) Informant Mrs. Bernard E. McCaffery

(b) Address 18 W. 4th St., Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/2/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 2-Aug-1939 (Date rec'd by registrar) (b) Dra J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death July 31st 1939, at 2:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to July 31st 1939, and that I last saw him alive on July 31st 1939

Immediate cause of death Coronary Fall

Due to Epithelioma of face

Due to Anemia

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 25 years; 1 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank H. Heger M. D. or other

Address Frederick, Md. Date signed 8/1/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 144

CERTIFICATE OF DEATH

07011

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Thurmont
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 35yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State MD (b) County Frederick

(c) City or town Thurmont.
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Erasmus Edgar Eyler

3 (b) If veteran, name war ✓

3 (c) Social Security No. 214-10-5936

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mamie E Eyler

6. (c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) April 2nd. 1884

8. **AGE:** Years 55 Months 3 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Eylers Valley. Fredk Co. MD
(Town, county, and state)

10. Usual occupation Sub Station Operator

11. Industry or business Power & Light Co.

FATHER
12. Name David J. Bushon Eyler
13. Birthplace Eylers Valley. Fredk. Co. Md

MOTHER
14. Maiden Name Susan E. Mc. Kissick
15. Birthplace Eylers Valley. Fredk Co. MD

16 (a) Informant Mamie Eyler
(b) Address Thurmont. MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 27-39 (month) (day) (year)

(c) Cemetery or crematory Cemetery

Location Blue Ridge Cem. Thurmont.

18 (a) Funeral director M. L. Creager & Son.

(b) Address Thurmont. MD

19 (a) July 26, 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death July 25th 1939, at 6;25p; M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1938, to July 25 1939, and that I last saw him alive on July 25 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	3 hrs.
Due to Excessive heat of Sun	
Due to Chronic Nephritis & hypertension	2 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Morris A. Birely M.D.
M. D. or other

Address Thurmont - Md Date signed 7/26/39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

23

07012

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 31 mos

(e) Length of stay in this community (yrs., mos., or days) 31 mos

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Prince Georges

(c) City or town Lanham
(If outside city or town limits, write RURAL and give town)

(d) Street No. _____
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Mary C. Feys

3 (b) If veteran, name war _____

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Firmin Feys

6. (c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1909

8. AGE: Years 30 | Months 6 | Days 13 | If less than one day _____ hr. _____ min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business _____

FATHER

12. Name John Deverick

13. Birthplace Virginia

MOTHER

14. Maiden Name Lattie Calvin

15. Birthplace Virginia

16 (a) Informant Mary C. Feys

(b) Address Deceased

17 (a) _____ (Burial, cremation, or removal) (b) Date thereof July 29, 1939 (month) (day) (year)

(c) Cemetery or crematory Washington National Cemetery D.C.

Location _____

18 (a) Funeral director _____

(b) Address _____

19 (a) 7/28/39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death July 26 19 39 at 6:35 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 26 19 36, to July 26 19 39, and that I last saw him alive on July 26 19 39.

Immediate cause of death	Duration
Pulmonary tuberculosis--spontaneous pneumothorax	36 mos.
Due to Tubercle bacilli	
Due to	
Other conditions Tuberculous enteritis	20 mos.

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____
(Specify type of place)

(e) Means of injury _____

23. Signature John E. Sandstrom M. D. or other

Address State Sanatorium, Md. Date signed

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

(46-D)

Reg. Dist. No. 144

07013

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Thurmont
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Thurmont
(If outside city or town limits, write RURAL and give town)

(d) Street No. Walnut
(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Leonard James Flohr

3 (b) If veteran, name war

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widdowed

6 (b) Name of husband or wife Sarah Ralf Flohr

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 27th 1859

8. AGE: Years 79 | Months 6 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Fountain Dale Pennsylvania
(Town, county, and state)

10. Usual occupation General Foreman of Water Stations

11. Industry or business Pipe Fitting Etc

FATHER
12. Name William Flohr
13. Birthplace Penna

MOTHER
14. Maiden Name Julia Ann Manhart
15. Birthplace Germany

16 (a) Informant Mrs Ida Schildt
(b) Address Thurmont

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7 1939 (month) (day) (year)

(c) Cemetery or crematory U Brethren

Location Thurmont

18 (a) Funeral director Willhide & Creeger

(b) Address Thurmont

19 (a) July 6, 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death July 4 1939, at 4.30 P.M. 4.30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1" 1938, to July 4" 1939, and that I last saw him alive on July 4" 1939.

Immediate cause of death Cancer Rectum — Duration 18 mo

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Morris A. Birely MD
M. D. or other

Address Thurmont Md Date signed 7/5/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

(M) (I) (T)

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AUG 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 46-E

Reg. Dist. No. 144

CERTIFICATE OF DEATH

07014

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Near Thurmont
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days) 70-10-13
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Thurmont. Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** John William Freshman.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 1st. 1868

8. AGE: Years 70 | Months 10 | Days 13 | If less than one day ____ hr. ____ min.

9. Birthplace Thurmont. Frodk Co. MD
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Agriculture. farmer

FATHER
12. Name John F. Freshman.
13. Birthplace Germany

MOTHER
14. Maiden Name Laura Wolfe
15. Birthplace Emmitsburg. Md

16 (a) Informant Mrs Calvin Bowers
(b) Address Thurmont. MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17-39 (month) (day) (year)
(c) Cemetery or crematory Cemetery
Location Mt. Carmel. AT Thurmont

18 (a) Funeral director M. L. Creager & Son.
(b) Address Thurmont. MD

19 (a) July 15 1939 (Date rec'd by registrar) (b) Conrad M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death July 14th. 1939 at 7:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 26 1939, to July 14 1939, and that I last saw him alive on July 14 1939.

Immediate cause of death Chron Arterial Sclerosis — Duration 1936
Cause of Death — Last Year

Due to — Duration
Due to — Duration
Other conditions — Duration
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris A. Bird M.D. (M. D. or other)
Address Thurmont Md Date signed 7/15/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

(82-E)

07015

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 28 West All Saint St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 81 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 28 West All Saint St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Laura Virginia Heim

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Female

5. Color or race white

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widow

6 (b) Name of husband ~~or wife~~ Maurice Heim

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 16, 1858

8. AGE: Years 81 | Months 4 | Days 10 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick County Maryland (Town, county, and state)

10. Usual occupation House-work

11. Industry or business At Home

FATHER

12. Name John Hooper

13. Birthplace Frederick County Maryland

MOTHER

14. Maiden Name Catherine Eley

15. Birthplace Frederick, County Maryland

16 (a) Informant Mrs. Crist Woerner

(b) Address 28 W. All Saint St., Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/28/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 27-July 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death July 26, 1939 at 4:15P M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1 1938, to July 26 1939, and that I last saw ~~him~~ her alive on July 26 1939.

Immediate cause of death Cerebral Embolism

Due to Terminal Gangrene

Due to Arteriosclerosis

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury

23. Signature U. T. Boarne Jr. Md. M. D. or other

Address Frederick, Md. Date signed 7/27/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (130)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

07016

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 hrs.

(e) Length of stay in this community (yrs., mos., or days) 10yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City~~ or town Walkersville, (If outside city or town limits, write RURAL and give town)

(d) Street No. _____ (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mervin David Hinea

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex male ~~MALE~~ MALE

5. Color or race white

6 (a) Single, ~~married, widowed, or divorced.~~ single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug. 23, 1886

8. AGE: Years 52 | Months 10 | Days 13 | If less than one day _____ hr. _____ min.

9. Birthplace Detour, Carroll, Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name William C. Hinea,

13. Birthplace Detour, Maryland.

MOTHER

14. Maiden Name Emma E. Fisher,

15. Birthplace Loys, Station, Maryland

16 (a) Informant Mrs. J. W. Long,

(b) Address Walkersville, Maryland.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/12/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Hope,

Location Woodsboro, Maryland.

18 (a) Funeral director M. R. Etchison & Son,

(b) Address Frederick, Maryland

19 (a) July 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death July 10th., 1939, at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1939, to July 10 1939, and that I last saw him alive on July 10 1939.

Immediate cause of death Uraemia

Due to acute nephritis

Primary cause of the acute nephritis:- Unknown. Duration: several days. C.W.E.R.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: —

Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? _____

(e) Means of injury —

23. Signature E P Thomas M. D. or other

Address Frederick, Maryland Date signed 7/11/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 13

CERTIFICATE OF DEATH

07017

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 13days
(e) Length of stay in this community (yrs., mos., or days) 3 wks

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State N. Y. (b) County
(c) City or town New York
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: Mrs. Cora May Hopkins

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female

5. Color or race: white

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: widow

6 (b) Name of husband ~~or wife~~: Chas. W. Hopkins

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 12, 1867

8. AGE: Years 71 | Months 10 | Days 27 | If less than one day ____hr. ____min.

9. Birthplace Nr. Urbana, Fred., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John T. Droneburg,
13. Birthplace Nr. Urbana, Md.

MOTHER
14. Maiden Name Anna Dixon,
15. Birthplace Frederick, Md.

16 (a) Informant Miss. Margaret Droneburg,
(b) Address Ijamsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/01/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mount Olivet
Location Frederick, Md.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland

19 (a) 29 July 39 (Date rec'd by registrar) (b) J. M. Lewis Registrar

MEDICAL CERTIFICATION

20. Date of death July 28th., 1939, at 5.20 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from July 15 1939, to July 28 1939, and that I last saw him alive on July 28 1939.

Immediate cause of death	Duration
Coronary occlusion	2 hrs.
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury —

23. Signature E P Thomas M. D. or other
Address Frederick, Md. Date signed 7/29/39

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BUREAU V. S.

07018

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(139-C)

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick ~~City Hospital~~

City ~~or town~~ Frederick, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Frederick City Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Rural Mt. Airy Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D. #2
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Mrs Lilly Hoy

3. (b) Social Security Number No

4. Sex: Female

5. Color or race: Colored

6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband or ~~wife~~: John Hoy

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.): March 2 1855

8. AGE: Years 84 | Months 4 | Days | If less than one day hrs. min.

9. Birthplace: Carroll Co. Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: David Warner
13. Birthplace: Md.

MOTHER
14. Maiden name: Clarissa (Unknown)
15. Birthplace: Unknown

16. Informant: John Hoy
Address: R.D. Mt Airy Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof July 13, 1939 (month) (day) (year)

Cemetery or ~~crematory~~: Popular Springs

Location: Near Popular Springs, Md.

18. Funeral director: C. M. Waltz
Address: Winfield Md.

19. 11-July 1939 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11 1939, at 3:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1939, to July 11 1939, and that I last saw her alive on July 11 1939.

Immediate cause of death: Septicaemia: Secondary to pelvic infection. Duration: four days. C.W.G.R.

Due to

Due to

Other conditions —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

DURATION: ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E P Thomas M. D. or other

Address Frederick Md Date signed July 11-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(I)

(T)

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (120)

Reg. Dist. No. 131

07019

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 191 W. All Saint St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 50 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 191 W. All Saint St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Alice Virginia Johnson

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Female

5. Color or race Colored

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widow

6 (b) Name of husband or wife Moses Johnson

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) August 20, 1868

8. AGE: Years 70 | Months 10 | Days 22 | If less than one day _____ hr. _____ min.

9. Birthplace Nr. Mt. Airy Carroll Co. Md. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business At Home

FATHER

12. Name Lloyd Hammond

13. Birthplace Nr. Mt. Airy Carroll Co. Md.

MOTHER

14. Maiden Name Annie E. Hill

15. Birthplace Nr. Mt. Airy Carroll Co. Md.

16 (a) Informant Mrs. Gladys Allen

(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/15/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Hope Hill Cal

Location Near Norbond, Md

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 14-July 39 (Date rec'd by registrar) (b) J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death July 12th, 1939 at 7:45A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 8 1939, to July 12 1939 and that I last saw ~~him~~ her alive on July 12 1939

Immediate cause of death Cardiac failure

Due to Gastro-enteritis

Due to ✓

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings: ✓

Of operations

Of autopsy No

Duration: 8-39

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓

(e) Means of injury ✓

23. Signature Jim Scott Sims M. D. or other

Address Frederick, Md. Date signed 13-July-'39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07020

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH (82:a)

County Frederick Registration Dist. No. 131

~~Village or City~~ Mt. Pleasant Md. No. Route 26 (Rural) St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Calvin Luther King No veteran

(a) Residence: No. Mt. Pleasant Md. St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Mary S. Mercer King

6. DATE OF BIRTH (month, day, and year) Sept. 23, 1867

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	10	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Painter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 2 yrs. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Fred. City (State or country) Md.

FATHER

13. NAME Christain King

14. BIRTHPLACE (city or town) Fred. Co. Md. (State or country)

MOTHER

15. MAIDEN NAME Mary M. Faust

16. BIRTHPLACE (city or town) Fred. Md. (State or country)

17. INFORMANT Mrs. Mary King (Address) Mt. Pleasant Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Zion-McKaig Md. Date July 28, 1939

19. UNDERTAKER G. A. Barton (Address) Walkersville

20. FILED 26 July, 1939 Ira J. McCurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 25 (Month) (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 23 1939 to July 25 1939

I last saw h~~im~~ alive on July 24 1939; death is said to have occurred on the date stated above, at 7:00 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	July 23

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. D. Thomas M. D.

(Address) Frederick, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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AUG 5 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (73-P)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

07021

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Montevue Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Montevue (County Institution)

(d) Length of stay in hospital or inst. (yrs., mos., or days) 12 yrs.

(e) Length of stay in this community (yrs., mos., or days) 75yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 162 B & O Avenue
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Martha A. McDevitt

3 (b) If veteran, name war	3 (c) Social Security No.
None	None

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced.~~
Female	White	Single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) June 6, 1852

8. AGE: Years	Months	Days	If less than one day
87	1	24	_____hr. _____min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name John McDevitt
13. Birthplace Frederick County Maryland

MOTHER
14. Maiden Name Margaret Reid
15. Birthplace Montgomery County Maryland

16 (a) Informant Montevue Records
(b) Address Frederick R. F. D.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 8/2/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 1-Aug-1939 (Date rec'd by registrar) (b) Ira J. McSunday Registrar

MEDICAL CERTIFICATION

20. Date of death July 30, 1939 at 9:20A M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1939, to July 30 1939, and that I last saw him alive on July 29 1939.

Immediate cause of death	Duration
Chronic Myocarditis	2 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature P. O. Thomas M. D. or other
Address Frederick, Md. Date signed 8/1/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07022

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (52)

County Frederick — Registration Dist. No. 141

Village or City Brunswick — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mc Comas Stokes Mc Gahan — U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. (Usual place of abode) — If nonresident give city or town and State ____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Elizabeth Buchanon

6. DATE OF BIRTH (month, day, and year): Oct. 25 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	69	9	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ____

10. Date deceased last worked at this occupation (month and year): ____

11. Total time (years) spent in this occupation: ____

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Joseph Mc Gahn

14. BIRTHPLACE (city or town) (State or country): Md.

MOTHER

15. MAIDEN NAME: Mary C. Lanam

16. BIRTHPLACE (city or town) (State or country): Va

17. INFORMANT: Mrs Elizabeth Mc Gahn

(Address): Brunswick Md.

18. BURIAL, CREMATION, OR REMOVAL: Interment Valley Hill Cemetery — Place: near Rohrersville — Date: July 29, 1939

19. UNDERTAKER: S. T. Fleete & Bro.

(Address): Brunswick, Md.

20. FILED July 29, 1939 — Leo H. S. Hudgins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 27 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to July 27, 1939

I last saw h... alive on July 26, 1939; death is said to have occurred on the date stated above, at 1 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of face & metastasis to Liver	

Other Contributory Causes of importance: ____

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) William Schuerger M. D.

(Address) ____

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

07023

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town State Sanatorium (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2mo. 24days

(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Harford

(c) City or town Street (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert P. McLean

3 (b) If veteran, name war

3 (c) Social Security No. 216-09-8918

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 27, 1897

8. AGE: Years 41 | Months 10 | Days 0 | If less than one day hr. min.

9. Birthplace Fairfax County, Virginia (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Jacob E. McLean

13. Birthplace Manassa County, Virginia

MOTHER

14. Maiden Name Rosa Coon

15. Birthplace Baltimore, Maryland

16 (a) Informant Robert P. McLean

(b) Address Deceased

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 28/39 (month) (day) (year)

(c) Cemetery or crematory Centerville, Va.

Location Centerville, Va.

18 (a) Funeral director E. W. Groff

(b) Address Fairfax, Virginia

19 (a) 7/28/39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death July 26 1939 at 4:18 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 3 1939, to July 26 1939, and that I last saw him alive on July 26 1939.

	Duration
Immediate cause of death Pulmonary tuberculosis	9 mos.
Due to Tubercle bacilli	
Due to	
Other conditions Tuberculous laryngitis (Include pregnancy within 3 months of death)	8 mos.

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address State Sanatorium, Md. Date signed

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU U. S.

07024

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(157-C)

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Emergency Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 511 N. Market St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles David Miller

3. (b) Social Security Number

4. Sex Male

5. Color or race White

6. (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 22 1939

8. AGE: Years 0 Months 0 Days 4 If less than one day hrs. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Franklin Pierce Miller
13. Birthplace Frederick Md.

MOTHER
14. Maiden name Louise Margaret Carson
15. Birthplace Va.

16. Informant Miss E Adelsberger Emergency Hospt.
Address Frederick, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Jul 26-1939 (month) (day) (year)

Cemetery ~~or Mausoleum~~ Mt. Olivet

Location Frederick Md.

18. Funeral director C. E. Cline & Son

Address Frederick Md.

19. 26-July 1939 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1939, at 2:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 22 1939, to July 26 1939, and that I last saw him alive on July 25 1939.

Immediate cause of death Exhaustion — DURATION 3 days

Due to Open foramen Ovale — 3 days

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. O. Thomas M. D. or other

Address Frederick, Md. Date signed 7/26/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-a)

CERTIFICATE OF DEATH

07025

Reg. Dist. No. 154

1. PLACE OF DEATH:
County Frederick
City or town Nr. Emmitsburg
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Anna M. Mort

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widow

6 (b) Name of husband or wife James Mort
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 3, 1855

8. AGE: Years	Months	Days	If less than one day
84	0	23	hrs. min.

9. Birthplace Md. (Town, county, and state)
10. Usual occupation housework
11. Industry or business Own Home
FATHER 12. Name Elias Welty
13. Birthplace Md.
MOTHER 14. Maiden name Myra Angell
15. Birthplace Md.
16. Informant Roy Mort
Address Taneytown, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 29, 1939 (month) (day) (year)
Cemetery or crematory Keysville Cementry
Location Keysville Carroll Co, Md
18. Funeral director C. O. FUSS & SON
Address Taneytown, Md.
19. July 28 1939 (Date rec'd by registrar) M. F. Sluff Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26 1939, at 9A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 23 1939, to July 26 1939, and that I last saw her alive on July 25 1939

Immediate cause of death	DURATION
acute intestinal obstruction	3 days
Due to strangulated right inguinal hernia	3 days
Due to right inguinal hernia	6 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. R. Cadle M.D.
M. D. or other
Address Emmitsburg Md Date signed 7/28/39.

VS Af5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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AUG 4 1939
BUREAU V. S.

07026

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH 47-B CB

County Frederick Registration Dist. No. 141

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 42 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Felix Petrucci Pellettoci ? If U. S. Veteran, specify WAR

(a) Residence: No. Millville West Va St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Ott

6. DATE OF BIRTH (month, day, and year) 1891

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
48			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Quarry

10. Date deceased last worked at this occupation (month and year) 1899

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Italy

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT Rosie E. Petrucci (Address) Millville W Va

18. BURIAL, CREMATION, OR REMOVAL Place Knoxville Town WVA Date July 6, 1939

19. UNDERTAKER Jesse S. Darby (Address) Brunswick Md

20. FILED July 5, 1939 Mrs H. S. Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1939, to July 3, 1939

I last saw him alive on July 3, 1939; death is said to have occurred on the date stated above, at 1030 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Not determined, awaiting on Chemical & Microscopic analyses.

Other Contributory Causes of Importance:

report of autopsy will be mailed.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? ?

If so, specify undetermined

(Signed) William Chrisopher M.D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-C)

07027

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:

County: Frederick

City or town: Unionville, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Unionville, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Martha Purdum

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband ~~or wife~~: William J. Purdum

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): March 30, 1856

8. AGE: Years: 83 Months: 3 Days: 17 If less than one day ____ hrs. ____ min.

9. Birthplace: Frederick Co, Maryland.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: George W. Molesworth
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Cordelia Wilson
15. Birthplace: Maryland.

16. Informant: Mr. Arthur Purdum

Address: Unionville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 20, 1939 (month) (day) (year)

Cemetery or crematory: Prospect Cemty.

Location: near Mt. Airy, Fred. Co. Md.

18. Funeral director: C. M. Waltz

Address: Winfield Md

19. July 19 1939 (Date rec'd by registrar) W. D. Curfman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 17, 1939, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Mar 30 1939, to July 17 1939, and that I last saw her alive on July 10 1939.

Immediate cause of death: Cerebral Hemorrhage

Due to: Arterio-Sclerosis Chronic Myocarditis

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings: None

Of operations:

Of autopsy: None

DURATION: — years years.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Neither Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: — Injured at work?

23. SIGNATURE: Jas. T. Thorsch M.D.
M. D. or other

Address: New Windsor Md Date signed: 7/19/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07028

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (107-a)

County Fred. Registration Dist. No. 141

Village or City Brunsk No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Louisa Eldred Russell If U. S. Veteran, specify WAR

(a) Residence: No. 537 West Bond St. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Thomas H. Russell.

6. DATE OF BIRTH (month, dey, and year) Oct 9, 1846

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
92	9		

OCCUPATION

8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased lest worked et this occupetion (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Hezekiah Moon

14. BIRTHPLACE (city or town) Md. (State or country)

MOTHER

15. MAIDEN NAME Lee Mary Moon.

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs Chas H. Jennings (Address) 537 West B St Brk. Md.

18. BURIAL, CREMATION, OR REMOVAL Place Martinsburg W Va Date July 11, 1939

19. UNDERTAKER C. N. Leete & Bro C. Lee Leete (Address) Brunswick Md.

20. FILED July 10, 1939 Chas H. L. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to July 9th, 1939; I last saw h[illegible] etive on July 8, 1939; death is said to have occurred on the date stated above, at 9 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Other Contributory Causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Was disease or injury in any way reteted to occupation of deceased?

If so, specify

(Signed) Kenzie West M. D.

(Address) Brunswick, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1922*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED AUG 2 1923 BUREAU U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (52)

Reg. Dist. No. 131

07029

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 127 East Patrick St

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 83 yr.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 127 East Patrick St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME GILMER SCHLEY

3 (b) If veteran, name war No

3 (c) Social Security No. No

4. Sex MALE

5. Color or race WHITE

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ MARRIED

6 (b) Name of husband or wife E. LOUISA WILSON

6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) Aug 19 1855

8. AGE: Years 83 | Months 10 | Days 21 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick (Town, county, and state)

10. Usual occupation RETIRED (SINCE 1914)

11. Industry or business LIME BUSINESS

FATHER
12. Name EDWARD SCHLEY
13. Birthplace FREDERICK, MD

MOTHER
14. Maiden Name EVE MARGARET BRENGLE
15. Birthplace FREDERICK, MD

16 (a) Informant MRS GILMER SCHLEY
(b) Address FREDERICK,

17 (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof July 12 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ MT. OLIVET
Location FREDERICK, MD

18 (a) Funeral director HARRY E EARTY Co
(b) Address FREDERICK, MD.

19 (a) 11 July 39 (Date rec'd by registrar) (b) J. M. Cassidy Registrar

MEDICAL CERTIFICATION

20. Date of death July 10 — 1939, at 5-10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 15 1939, to July 10 1939, and that I last saw him alive on July 10 1939.

Immediate cause of death Epithelioma of Face — Duration 3 years

Due to

Due to

Other conditions Cachexia + Toxemia (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. L. Fahney MD (M. D. or other)

Address Frederick Md. Date signed 7-11-39

VS. A15 (I) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1939
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a) Reg. Dist. No. 140

CERTIFICATE OF DEATH

07030

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town near Woodsboro (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town near Woodsboro (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Nancie Elizabeth Seibel

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex F.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Louis Seibel

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 24. 1856

8. AGE: Years 82 | Months 7 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and atate)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name John F. Fox

13. Birthplace Maryland

MOTHER 14. Maiden Name Sarah Wood

15. Birthplace Maryland

16 (a) Informant Mrs. Gertie L. Eyler

(b) Address Woodsboro Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 1. 1939 (month) (day) (year)

(c) Cemetery or ~~cemetery~~ Rocky Hill

Location near Woodsboro Md.

18 (a) Funeral director Powell & Albaugh

(b) Address Woodsboro Md.

19 (a) July 31, 1939 (Date rec'd by registrar) (b) L. C. Powell Registrar

MEDICAL CERTIFICATION

20. Date of death July 29 1939, at 3 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 23 1939, to July 29 1939, and that I last saw h[illegible] alive on July 29 1939.

Immediate cause of death	Duration
	about
Due to Cerebral Apoplexy	36 hours
	about
Due to Arteriosclerosis	10 yrs.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide no

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? none (Specify type of place) While at work? no

(e) Means of injury none

23. Signature C. A. Stultz M.D. (M. D. or other)

Address Woodsboro Md. Date signed July-30-/39

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AUG 2 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07031

(205-m)

1. PLACE OF DEATH

County Frederick — Registration Dist. No. 134

Village or City Mr. Emmitsburg — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 27 yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Clifford Waybright Shriver

(a) Residence: No. Emmitsburg R.D# 2 St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) June 22 1912

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
27	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Ownfarm

10. Date deceased last worked at this occupation (month and year) 7/39

11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (city or town) (State or country) Frederick County Md.

FATHER

13. NAME Ernest R. Shriver

14. BIRTHPLACE (city or town) (State or country) Adams County Penna.

MOTHER

15. MAIDEN NAME Harriet M. Waybright

16. BIRTHPLACE (city or town) (State or country) Adams County Penna.

17. INFORMANT Ernest R Shriver (Address) Emmitsburg R.D. 2

18. BURIAL, CREMATION, OR REMOVAL — Place Gettysburg Date Aug. 3, 1939

19. UNDERTAKER J. Milton Zeuder (Address) Gettysburg Pa

20. FILED Aug 2, 19 39 M. F. Shuff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 31 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1939 to July 31, 1939

that I last saw him alive on July 31, 1939; death is said to have occurred on the date stated above, at 5 P.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Crushing blow on left chest	
Compound fracture mandible	
Probable rupture great blood vessels at base heart — Due to injury	
Other Contributory Causes of importance: from fragments & bursting grinding wheel — July 31, 1939	

Name of operation None — Date of ____

What test confirmed diagnosis? Physical exam — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident — Date of Injury 7/31, 1939

Where did injury occur? Mr Emmitsburg Md (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. at farm home

Manner of injury Bursting emery wheel.

Nature of injury abode

24. Was disease or injury in any way related to occupation of deceased? yes — If so, specify Killed while at regular farm work

(Signed) W. C. Eade, M. D.

(Address) Emmitsburg, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitiol nephritis	*1921*
Cerebral hemorrhage	*July 5 1927*
Other contributory causes of importance:	
Gallstones	*May 1,1923*

RECEIVED AUG 4 1927 BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (182)

Reg. Dist. No. 140

07032

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town LeGore (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town LeGore (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Charles Monroe Smith

3 (b) If veteran, name war

3 (c) Social Security No. 215-07-3703

4. Sex M.

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Emma L. Ambrose

6. (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) Nov. 27. 1910

8. AGE: Years 28 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Fredk. Co. Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Lime plant

FATHER 12. Name James Albert Smith

13. Birthplace Fredk. Co. Md.

MOTHER 14. Maiden Name Fannie Ecker

15. Birthplace Fredk. Co. Md.

16 (a) Informant Mrs. Chas. M. Smith

(b) Address LeGore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 4. 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Rocky Hill

Location near Woodsboro

18 (a) Funeral director Powell & Albaugh

(b) Address Woodsboro, Md.

19 (a) July 3. 39 (Date rec'd by registrar) (b) L. C. Powell Registrar

MEDICAL CERTIFICATION

20. Date of death July 1 1939, at 10:45 AM

21. I certify that death occurred on the date above stated; that I attended deceased from July 1 1939, to 19, and that I last saw him alive on July 1 1939.

Immediate cause of death Traumatic Stock Suffocation

Due to Buried in lime kiln

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence July 1, 39

(c) Where did injury occur? Woodsboro (City or town) Fdk. (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Industrial Plant (Specify type of place) While at work? yes

(e) Means of injury Lime Kiln Cave in

23. Signature C. C. Easterday M. D. or other

Address Walkersville, Md Date signed July 3, 39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82a) Reg. Dist. No. 131

CERTIFICATE OF DEATH

07033

1. PLACE OF DEATH:
(a) County Frederick
(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 112 W. Church St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 60 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 112 W. Church St (If rural give location)
(e) If foreign born, how long in U. S. A.? ~~years~~

3 (a) **FULL NAME** Emily Nelson Maulsby Smith

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband or ~~wife~~: John Francis Smith

6. (c) If alive, give age ~~years~~

7. Birth date of deceased (mo., day, yr.) July 26 1879

8. AGE: Years 60 | Months 0 | Days 5 | If less than one day ~~hr.~~ ~~min.~~

9. Birthplace Frederick Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Wm P. Maulsby
13. Birthplace Westminster Md.

MOTHER
14. Maiden Name Henrietta Pigman
15. Birthplace Cumberland Md.

16 (a) Informant Miss Mary Maulsby
(b) Address Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Aug 2 1939 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet
Location Frederick Md.

18 (a) Funeral director C. E. Oliver & Son
(b) Address Frederick Md.

19 (a) 1 Aug 39 (Date rec'd ~~by~~ registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death July 31 1939, at 2:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 7 1939, to July 31 1939, and that I last saw him alive on July 27 1939.

Immediate cause of death Asphyxia
Conditions, if any, which gave rise to [illegible] cause, stating the underlying cause last
Due to Pulmonary T.B. Cavitation
Due to and contributory
Other conditions one accelerating causing immediate death

(Include pregnancy within 3 months of death)

Duration
1
Yrs.
Mos.
Ds.
July 30-39

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** W. Crawford Johnson M. D. or other

Address Frederick Md Date signed 7/31/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 5 1939
BUREAU V. S.

Dr. MacCreagh Ford Johnson

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (82-a)

Reg. Dist. No. 131

07034

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: New High School Bldg.

(d) Length of stay in hospital or inst. (yrs., mos., or days) ~~[illegible]~~

(e) Length of stay in this community (yrs., mos., or days) 16 yr.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 255 W. Pat. St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Calvin D. H. Summers

3 (b) If veteran, name war: no

3 (c) Social Security No. 217-10-9330

4. Sex: Male

5. Color or race: white

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: married

6 (b) Name of ~~husband~~ or wife: Bessie M.

6. (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) 1878 Oct. 25

8. AGE: Years 60 | Months 9 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co. Md (Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business

FATHER

12. Name David W. Summers

13. Birthplace Myersville, Md.

MOTHER

14. Maiden Name Anna Rothenhoefer

15. Birthplace Frederick Co. Md.

16 (a) Informant Bessie M. Summers

(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof July 27 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Lutheran Cem.

Location Middletown

18 (a) Funeral director Gladhill Co.

(b) Address Middletown, Md.

19 (a) 27-July 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death July 25 1939, at 11 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19__, to _____ 19__, and that I last saw him ~~alive~~ dead on July 25 1939.

Immediate cause of death: Cerebral hemorrhage — Duration: immediate

Due to arteriosclerosis — 10 years?

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature R. W. Barr M. D. or other

Address Frederick Md Date signed July 25-39

VS. A15 (I) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (53-R) Reg. Dist. No. 131

CERTIFICATE OF DEATH

07035

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Sunnyside, Frederick R.D.4
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: (Rural)
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 69

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) ~~City or town~~ Sunnyside, Frederick R.D. 4
(If outside city or town limits, write RURAL and give town)
(d) Street No. (Rural)
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** William Edward Thomas

3 (b) If veteran, name war: none
3 (c) Social Security No. none

4. Sex: male
5. Color or race: colored
6 (a) ~~Single, married~~, widowed, or ~~divorced~~: widower

6 (b) Name of husband or wife: Hattie L. Duffin
6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 5, 1870

8. AGE: Years 68 | Months 8 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Nr. Adamstown, Fred., Md.
(Town, county, and state)
10. Usual occupation Farm laborer
11. Industry or business

FATHER
12. Name George E. Thomas,
13. Birthplace Nr. Adamstown, Md.

MOTHER
14. Maiden Name Susan Hall,
15. Birthplace nr. Point of Rocks, Md.

16 (a) Informant Ada B. Thomas,
(b) Address Frederick, Md. R.D. 4

17 (a) Burial (Burial, ~~cremation~~, ~~removal~~) (b) Date thereof 7/4/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Sunnyside M. E.
Location Frederick, Md. R. D. 4

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland

19 (a) 3-July-1939 (Date rec'd by Registrar) (b) Ira J. McSunday Registrar

MEDICAL CERTIFICATION

20. Date of death July 1 1939, at 7:50 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 11 1939, to July 1 1939, and that I last saw him alive on Feb. 27 1939.

Immediate cause of death	Duration
Cancer of right maxillary sinus	6 mo. ?
Due to	
Due to	
Other conditions Infections of all sinuses	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Sigmund R. Nowak M.D.
M. D. or other
Address Adamstown Date signed 7/1/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

07036

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ near Frederick - Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Unknown

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City or town~~ near Frederick - Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Five month fœtus - Found at disposal plant.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 9. 39

8. **AGE:** Years 0 Months 0 Days 0 If less than one day 0 hr. 0 min.

9. Birthplace Frederick, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Unknown
15. Birthplace

16 (a) Informant
(b) Address

17 (a) Cremation
(~~Burial~~, cremation, ~~or removal~~)

(b) Date thereof July - 10 - 1939
(month) (day) (year)

(c) Cemetery or crematory Body cremated
Location at Frederick City

18 (a) Funeral director
(b) Address Disposal plant.

19 (a) 10 - July - 1939
(Date rec'd by registrar)

(b) Ira J. McCurdy
Registrar

MEDICAL CERTIFICATION

20. Date of death 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw ~~him alive~~ her dead on July 10 1939

Immediate cause of death asphyxiation

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence ~~July 10. 39~~

(c) Where did injury occur? ~~Frederick~~ (City or town) ~~Frederick~~ (County) ~~Md.~~ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. W. Boer
Frederick Co. Medical Examiner
M. D. or other

Address Frederick Md Date signed July 10. 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

46-C

07037

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick St.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 245 W. 5th St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 50yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Frederick St.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 21 DeGrange St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Jennie May Wachter

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widow

6 (b) Name of husband ~~or wife~~: Spencer E. Wachter

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) April 18, 1880

8. AGE: Years 59 | Months 3 | Days 11 | If less than one day _____ hr. _____ min.

9. Birthplace Nr. Charlesville, Fred'k Co. Md.
(Town, county, and state)

10. Usual occupation House-work

11. Industry or business At Home

FATHER
12. Name Unknown Wiles
13. Birthplace Frederick County Maryland

MOTHER
14. Maiden Name Emma Wiles
15. Birthplace Frederick County Maryland

16 (a) Informant Mrs. Keefer C. Staley
(b) Address 245 W. 5th St., Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/31/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 29-July 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death July 29th 1939, at 3:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from 8-1 38 19__, to 7-29 1939, and that I last saw ~~him~~ her alive on 7-28 1939.

Immediate cause of death	Duration
Carcinoma of Rectum	1 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature U G Bourne Jr. Md
M. D. or other

Address Frederick, Md. Date signed 7/29/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 131

CERTIFICATE OF DEATH

07038

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 24 West Sixth St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 3 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick - rural (If outside city or town limits, write RURAL and give town)

(d) Street No. Hopehill, Frederick R. F. D. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Laura Jane Weedon

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: Colored

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widow

6 (b) Name of husband or ~~wife~~: George H. Weedon

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) February 3, 1887

8. AGE: Years 52 | Months 5 | Days 21 | If less than one day _____ hr. _____ min.

9. Birthplace Nr. Dickerson, Maryland (Town, county, and state)

10. Usual occupation House-work

11. Industry or business At Home

FATHER 12. Name William Wood

FATHER 13. Birthplace Montgomery County Maryland

MOTHER 14. Maiden Name Annie (last name unknown)

MOTHER 15. Birthplace Montgomery County Maryland

16 (a) Informant Mrs. Ollie Liason

16 (b) Address 24 W. Sixth St., Fred'k, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 7/26/39 (month) (day) (year)

17 (c) Cemetery ~~or crematory~~ Hope Hill Cemetery

Location Nr. Buckeystown, Md.

18 (a) Funeral director M. R. Etchison & Son

18 (b) Address Frederick, Maryland

19 (a) 24-July 39 (Date rec'd by registrar) (b) Dr. A. J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death July 24th, 1939, at 2:30A M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 10 1939, to July 23 1939, and that I last saw him alive on July 23 1939.

Immediate cause of death	Duration
Chronic Myocarditis	6 months +
Due to	
Chronic parenchymatous	
Due to Nephritis	6 months +
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature C. O. Thomas M. D. or other

Address Frederick, Md. Date signed 7/24/39

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

RECEIVED
AUG 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 13 1

07039

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or~~ town Braddock - Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 40 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Rural Frederick R.D. 5
(If outside city or town limits, write RURAL and give town)
(d) Street No. Braddock
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Anna E. Wilson

3 (b) If veteran, name war: no

3 (c) Social Security No.: no

4. Sex: Female | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife:

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1860

8. AGE: Years 78 | Months 7 | Days 2 | If less than one day _____ hr. _____ min.

9. Birthplace Washington Co. Md.
(Town, county, and state)

10. Usual occupation House Labor

11. Industry or business

FATHER
12. Name Robert Wilson
13. Birthplace Washington Co. Md.

MOTHER
14. Maiden Name Mahala Norris
15. Birthplace Frederick Co. Md.

16 (a) Informant Millard F. McBride
(b) Address Frederick, Md.

17 (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof July 23 39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Pleasant View
Location Burkittsville, Md.

18 (a) Funeral director Ray Gladhill
(b) Address Middletown, Md.

19 (a) 22 July 39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death July 21 1939, at 4 A M

21. I certify that death occurred on the date above stated; that I attended deceased from June 10 1939, to July 20 1939, and that I last saw him alive on July 21 1939.

Immediate cause of death	Duration
Carcinoma of rectum	6 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature C. B. Thomas M. D. or other

Address Frederick, Md. Date signed 7/22/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (137) Reg. Dist. No. 136

CERTIFICATE OF DEATH

07040

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Near Frederick Junction R.D. (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 27yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Nr. Fred. Jct., Frederick R.D. 2 (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George Edward Yaste

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Myra Dixon

6. (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Nov. 6, 1858

8. AGE: Years 80 | Months 11 | Days 4 | If less than one day ____hr. ____min.

9. Birthplace Middletown, Fred. Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jonathan Yaste,
13. Birthplace Middletown, Maryland

MOTHER
14. Maiden Name Hannah Stinger,
15. Birthplace Middletown, Maryland

16 (a) Informant Mrs. G. Edward Yaste,
(b) Address Frederick, Maryland, R.D. 2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/39 (month) (day) (year)
(c) Cemetery or crematory Reformed Cemetery
Location Middletown, Maryland

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland.

19 (a) July 12/39 (Date rec'd by registrar) (b) G. O. Hendrickson Registrar

MEDICAL CERTIFICATION

20. Date of death July 10th., 1939, at 6.30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from May 9 1939, to July 10 1939, and that I last saw him alive on July 10 1939.

	Duration
Immediate cause of death Uremia	5 days
Due to Prostatis	6 mos.
Due to	Days
Other conditions Cardiac	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr. W. G. Bowers M. D. or other
Address Frederick, Md. Date signed 7/11/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
AUG 3 1939
BUREAU V. S.